

**Division of Motor Vehicle Licensing****CLAIM FOR REFUND OF MOTOR VEHICLE LICENSE FEE****(Allowable only on vehicle totally destroyed by fire or accident)****Mail to:**

200 Mero Street, Frankfort KY 40601-2014

Name of Owner _____

Street Address _____

City

County

State

Zip Code

Make of Vehicle _____ Plate Number _____ For Year _____

Year Model _____ Body Style _____

Vehicle Identification Number _____

License Fee Paid \$ _____ Date of Fire or Accident _____

Details of Fire or Accident: _____

AFFIDAVIT OF CLAIMANT

The claimant, _____, states that the above described motor vehicle of which he is the owner was *totally* destroyed in the manner stated and is entirely useless and unfit for service, and hereby claims a refund of the unused portion of the license fee.

Signed _____

Subscribed and sworn to before me this _____ day of _____, 20 _____.

My commission expires _____, 20 _____. Official Title _____

AFFIDAVIT OF TWO OTHER REPUTABLE PERSONS

The affiants, _____ and _____, state that the above described vehicle was *totally* destroyed in the manner stated and is entirely useless and unfit for service.

Signed _____ Signed _____

Subscribed and sworn to before me this _____ day of _____, 20 _____.

My commission expires _____, 20 _____. Official Title _____

THE ORIGINAL REGISTRATION CERTIFICATE AND LICENSE PLATE MUST ACCOMPANY THE CLAIM FOR REFUND.
BOTH OF THE ABOVE AFFIDAVITS MUST BE EXECUTED.

Supervisor, Special Plate Section

Approved for refund of \$ _____